

Drug Utilization Review (DUR) Board Meeting
Minutes
February 14, 2005

Members Present: Al Samuelson, Gary Betting, Greg Pfister, John Savageau, Pat Churchill, Carrie Sorenson, Scott Setzepfandt, Cheryl Huber, Brendan Joyce, Bob Treitline, Leann Ness.

Members Absent: Jay Huber, Norman Byers.

Chair John Savageau called the meeting to order at 1:05 p.m., then asked for a motion to approve the minutes from the Dec. 13, 2004, meeting. Bob Treitline moved that the minutes be approved, and Pat Churchill seconded the motion. Carrie Sorenson asked that the minutes reflect the correct spelling of her name, "Sorenson." The chair called for a voice vote to approve the minutes, which passed with no audible dissenters.

The chair asked for an update on the budget. Brendan Joyce said that the Spend Down Table had not been updated for December, so the information is the same as at the last meeting. Mr. Joyce also informed the Board that the state Legislature is currently debating the April 2007 budget. Al Samuelson asked Mr. Joyce to explain to the Board any current legislation that might affect the DUR Board. Mr. Joyce said that HB1470 has passed the House and will be debated in the Senate at a later date. This bill would restructure the appointment process for Board members, requiring four physicians and four pharmacists to be appointed by their respective associations. A new consumer member would be appointed by the Governor. There would be no change in the method of appointing the two remaining physicians and pharmacists. Mr. Joyce explained that this bill would also allow an exemption from prior authorization for all mental health drugs, including antipsychotics, antidepressants and anticonvulsants. The bill would also exempt HIV drugs as well as drugs used in the treatment of cancer. If a generic is available, brand-name drugs would still require a prior authorization.

Mr. Samuelson asked if this bill would affect the relationship between the Board and the Department of Human Services. Mr. Joyce said that the DUR Board is federally mandated to act in an advisory capacity to the department.

The chair introduced Steve Espy, R.Ph., from Health Information Designs, Inc. (HID), the pharmacy services contractor for the RDUR and prior authorization programs. Mr. Espy explained HID's history and services, and described clients the company serves. He said that HID started the RDUR contract in June of 2004 and began the PA contract on Feb. 1, 2005. Mr. Espy gave the prior authorization help desk phone number as (866) 773-0695 and the fax number as (866) 254-0761. He said that HID had developed a web site for the DUR Board that includes copies of current PA request forms, algorithms, meeting announcements and other pertinent information. The web address is www.hidndmedicaid.com.

Mr. Samuelson asked about the new contractor and how HID was chosen for the contract. Mr. Joyce explained that the Board was notified of the RFP for the contract at a previous meeting, and that the Legislature provided appropriations for the contract when legislation passed for the

prior authorization process. He said that HID was the lowest bidder, and references gave excellent reviews of the work HID had performed for them.

Mr. Espy reviewed the provider letters, request forms and algorithms for the next classes of drugs to be implemented into the prior authorization system. He explained that the prior authorization of DAW drugs will be implemented March 8, 2005, the Cox II and brand-name NSAIDS on April 5 and the ACE inhibitors on May 3. He added that an implementation date for ARBs had not yet been established. Mr. Joyce asked that the criteria on the form that relates to the drug Altace be corrected.

The chair then asked Mr. Espy to review and explain the reports included in the DUR Board packet. Mr. Espy first explained the Cost Summary report, which identifies costs for two specific quarters. Included are the total cost of Medicaid prescriptions, the number of unduplicated recipients that received pharmacy services, the costs per member per month and the cost per prescription. Mr. Espy then explained the Cost Management report that graphs the associated costs, showing the pattern of claims costs. Mr. Espy noted that this was a useful tool for the Board to utilize when considering costs associated with the pharmacy program. He then reviewed the Top 25 Drugs based on number of claims from July 1 thru Sept. 30, 2004, and the Top 25 Drugs based on cost of claims for the same period.

The chair also asked Mr. Espy to review criteria provided in the DUR packets. Mr. Espy explained that the HID criteria manager introduces new criteria on a quarterly basis, based on the introduction of new drugs, new indications, new warnings or adverse effects. The additional criteria are to be added to existing criteria provided by HID when the company initiated RDUR services in 2004.

Mr. Joyce reviewed the RDUR process, reminding Board members of how the criteria are used in the letter intervention and explaining that the criteria do not affect the prior authorization process. Mr. Joyce recommended that the Board adopt the criteria. Bob Treitline asked if this would affect the POS criteria, and Mr. Joyce responded that POS criteria would not be affected. Mr. Treitline moved to adopt the criteria, and Greg Pfister seconded the motion.

Scott Setzepfandt said the criteria looked routine, and then suggested the Board table the vote and allow industry representatives to review the criteria for appropriateness and spelling. Mr. Joyce responded that the Board should not be burdened down with another agenda item, saying he would be glad to respond to any questions or concerns expressed by industry representatives. The chair asked for a voice vote, and the motion carried with no dissenting votes.

Mr. Samuelson asked if any movement existed to adopt a preferred drug list. Mr. Joyce said that a bill allowing for a PDL was defeated in the state Legislature.

The chair called for a break while Richard Dolinar, M.D., prepared for his presentation. When the meeting reconvened, Dr. Dolinar gave a presentation on evidence-based medicine, including handouts and slides. Questions and discussion followed.

The chair asked Mr. Espy to present recommendations for new classes of drugs to be reviewed for prior authorization. Mr. Espy said that he had reviewed other state programs as well as the availability of drug classes in the North Dakota Medicaid program. He said that both the calcium channel blocker and the beta blocker classes included a sufficient number of generic drugs for first-line therapy for hypertension, and recommended that the Board review these classes for prior authorization.

Mr. Espy then referred to one of the reports provided earlier, noting that three brand-name antidepressants were included in the Top 25 Drugs. He noted that Zoloft was the second-most prescribed drug in the Medicaid program, and suggested that brand-name antidepressants should not be considered for first-line therapy in the treatment of depression because of the availability of generic Prozac, Paxil and Celexa. Mr. Espy then suggested that the Board consider action to ensure that generics be used first. He said action could consist of:

- Explaining the availability of generics to providers through Academic Detailing
- Utilizing the letter intervention process
- Requiring prior authorization on brand-name antidepressants

Mr. Samuelson asked about Neurontin, and mentioned its position among the Top 25 Drugs. Mr. Espy explained that the implementation of the DAW PA on March 8 should affect Neurontin utilization. Mr. Treitline then asked about the utilization of time-released doses in long-term-care facilities, which had been discussed at a previous meeting.

Mr. Samuelson noted that the current prior authorization program did not appear to be saving money, judging from the information in the program summary report. Mr. Joyce explained that there were no cost increases between the two reported quarters, which was very unusual in Medicaid. Mr. Samuelson then asked that HID provide some cost-saving reports to the DUR Board at its next meeting. Mr. Treitline asked that the Board consider calcium channel blockers for prior authorization at a future board meeting.

The next meeting was scheduled for April 11, 2005, and will be held in the legislative building. Mr. Joyce said he would provide information on Part D of the Medicare Prescription Benefit and its effects on North Dakota Medicaid at the meeting.

Mr. Samuelson moved to adjourn the meeting, and Ms. Sorenson seconded the motion. The chair adjourned the meeting at 3:14 p.m.